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## U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES **Public Health Service**

OMB No. 0937-0025 Expiration: 7/31/2003

## APPLICATION FOR APPOINTMENT AS A COMMISSIONED OFFICER IN THE U.S. PUBLIC HEALTH SERVICE COMMISSIONED CORPS

BEFORE COMPLETING THE APPLICATION, READ ATTACHED INSTRUCTIONS CAREFULLY. GIVE COMPLETE ANSWERS TO ALL ITEMS.

TYPE OR PRINT IN INK. If additional space is needed, attach an 8 ½ x 11 inch sheet of paper. Include your name, address, social security number, and the pertinent item numbers on each sheet so used. All material submitted becomes the property of the Federal Government and will not be returned. Part of the information will be used for a suitability/background investigation. YOU MUST SIGN THIS APPLICATION ON PAGE 5 OR YOUR APPLICATION WILL NOT BE PROCESSED.

Submit signed original and a clearly readable copy (photocopy acceptable) with original signature to: Division of Commissioned Personnel, 5600

1a.	FULL NAME (Last, First, Middle)	(Maiden, if any)	2.			ITY NUMBI		. DATE OF BIRTI	,
1b.	OTHER NAMES USED From: (MM/Y' (Continue in Item # 30 if needed)	YYY) Through: (MM/YY	(Y) 3b.			H (City and			
	/		<b>- 4.</b>	PROF	ESSION (	e.g., Chemis	t, Nurse, Ph	ysician)	
5.	CITIZENSHIP (Only United States Citizens ma		s- <b>6.</b>	TYPES	S OF DUTY	(IES) FOR	WHICH YOU	J ARE APPLYING	3:
	sioned Corps of the Public Hea	,						iate, Dates MM/YY	YY)
	A. Entered: Month Day				,	(extended A Active Duty:	ctive Duty)		
	B. Naturalized: Month Day			_	_/				
	C. Naturalization Number:				nior COSTI	ED (Annlisse	t must	Conjor COSTER	(Applicant must
	D. Person to whom number was issued:  Place Naturalized:			be	a full-time s	EP (Applicar student) /		be a full-time stu	
	E. Is your name on the certificate?	s No				/		From: / _ To: / _	
7.	CURRENT INFORMATION FOR CONTACT! THE DIVISION OF COMMISSIONED PERSONN			PERM	ANENT" IN	NFORMATIO	ON FOR CO	NTACTING YOU	:
	ANY CHANGES)			/ail· C	ontact Nam	ω.			
	Mail: Contact Name:		_   "						-
	Street:		_						
	City:		_						
	State:							+	
	Telephone (Include Area Code):		Т	•	•	e Area Code	•		
	Current: (———)——————			С	urrent: (_	)			
	Business: (———) ———————		_	В	usiness: (_	)_		Ext	
	FAX: (———) ——————			F	AX: (	)			
		<del></del>						d be listed in Ite	m #30.
	E-Mail:				,				
9.	BASIC EDUCATION AND PROFESSIONAL available for appointment. Official transcripts to a YOU CAN BE APPOINTED.)								
	COLLEGE, UNIVERSITY, OR OTHER INSTITUTION (Include City, State, and ZIP)	DATES ATTENDED FROM TO (MM/DD/YYYY) (MM/DD/YYYY	TOTAL H CREI (Spec	DIT cify)	MAJOR	DEGREE	OFFICIAL NUMBER YEARS IN PROGRAM	DEGREE REQUIREMENTS FULFILLED (MM/YYYY)	DEGREE CON- FERRED OR WILL BE CONFERRED (MM/YYYY)
								,	, ,
7									
}									
	INTERNSHIP OR RESIDENCY COMPLETED (M	IUST PROVIDE CERTIFICAT	E), CURR	ENTLY	SERVING,	OR SCHED	ULED TO CO	MMENCE	•
	HOSPITAL OR INSTITUTION (Include City, State, and ZIP)		ROM 1/YYYY)	(A	TO MM/YYYY)	SPI	(e.g. Rota	AND SPECIALTY (if ating, Mixed, or Straig Surgery, Family Pra	ght,

10.	COMMISSIONED CORPS HEALTH SERVICE (PHS) you will soon be asked t your situation. No immediately	S OF THE NATION  ). Include any pre  to initiate a reque	NAL OCEANIC AND esent Uniformed Se st for inter-service	O ATMOSPHERIC ADM ervices affiliations: PHS	NISTRATION, and CO Reserve Unit, ROTC	MMISSIONED CORF	PS OF THE	U.S. F <b>HS affi</b>	UBLIC liation
	SERVICE COMPONENT	REGULAR OR RESERVE	HIGHEST RANK HELD	FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)	ACTIVE OR INACTIVE DUTY	NON-PU	ICE TIM	ALTH
11.	Were you ever rejected for the Yes □ No If			ed Service?					
12.	DEPENDENTS INFORMA needed) (Name)	TION (Full name	(Rela	tionship)	rth of child(ren) and/or o	(Dat	e of Birth: I	лм/DD/	YYY)
							_/	/	
		Indicate	Answers by Placin	ng an "X" in the Approp	riate Column.		_/	/   YES	NO
13.	Have you ever received a If Yes, check appropriately	Federal Governme	ent scholarship? ı Service	ational Health Service C	l avanth af	Service obligation: Years		0	
14.	Have you ever been convi- felony is defined as any o misdemeanor under the la	ffense punishable	by imprisonment for	or a term exceeding one	year but does not inclu				
15.	During the past seven ye charges for any offense a which you paid a fine of \$ or under a youth offender set aside under the Federa	gainst the law not 150.00 or less, (b) law, (c) any convi	included in item 14 any offense commi ction the record of	l above? (When answeri itted before your 18th bir which has been expung	ng items 14 and 15, yo thday which was finally	u may omit: (a) traffi adjudicated in a juve	c fines for enile court		
16.	Are you delinquent on the (Examples of Federal de miscellaneous administrat 31 days past due on a sch	repayment of any ebt include deling ive debts. The def	Federal debt(s)? uent taxes, audit inition of delinquen	If your answer is "Yes," p disallowances, guarante cy for the purposes of d	eed or direct student irect and guaranteed lo	loans, FHA loans, a			
	Are you a conscientious of	<u> </u>							
18.	If you are a conscientious ( <b>NOTE</b> : By Executive Ord serving in support roles at Corps of the Public Health	ler, the PHS Com t all times. If in thi	missioned Corps m	nay be militarized during	times of national emer	gency and does have pointment in the Comi	ve officers missioned		
19. 20.	If you served in the military Have you ever been charg or intoxicating liquor? (NO (b) charge, (c) place, (d) c	ged with, or are cu	rrently facing charger to items 14, 15, 1	es, of a violation of any	State law pertaining to	habit-forming drugs,	narcotics,		
21.	REFERENCES: List the na during the past seven year Graduate, Post-Graduate, R	s. Include, where a	pplicable, Dean of (	College; Dean of Graduat	e or Professional school	Director of Intern Tra	aining Progr	am; Dir	ector o
	FULL NAM	ME		NAL RELATIONSHIP APPLICANT	(Organization	BUSINESS ADDRES and Street, City, State,		one)	
	1)		_						
			_			(	)		
}	2)		-						
ı						(	)		
	3)		_						
						(			
	4)		_						
						(	)		

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22.	LIST STATES GRANTING FULL/UNRESTRICTED PRO					. E	XPLAIN AL	LL "YES" ANSWER	S IN ITEM 30.	YES	NO	
	LICENSES/CERTIFICATES/REGISTRATIONS (Include license or registry number and expiration date and provide a copy of the license/certificate/registration.)					Α	thereof, c		ed membership or renewal disciplinary proceedings by organization?			'
						В	. Have you license re		your professional practice			
23.	DRUG ENFORCEMENT ADMINISTRATION (DEA) CO SUBSTANCE REGISTRATION INFORMATION	NTROL	LED		-	С	. Have liab hospital, under you	corporation, or gov	ed against you, or against a vernment based on a case			
	(If you were never registered, so state)  A. List all jurisdictions (past and present) where you are under Title 21, U.S. Controlled Substances Act, and	d provid	de you			D	or against		ents been made against you, ation, or government based care?			
	controlled substance registration number for each jurisdiction.				-	E. Have you ever had, or are professional liability insurance on special terms, or refused r			e declined, canceled, issued			
	(Explain all "Yes" answers in Item 30)		YES	NO	-	F.	licensing		ured or reprimanded by a nedical board/staff, or any on?			
	B. Has your registration under this Act ever been denied suspended, revoked, refused renewal, or voluntarily surrendered?			1.0		G	. Have you Medicaid	u ever been sanct Programs or by any	tioned by the Medicare or other Federal agency?			
	C. Have you ever been charged with, or are currently fa charges of, a violation of this Act?	acing				Н	facility ev	er been, or are abo	vileges at any health care ut to be, limited, suspended, voluntarily surrendered?			
24.	STATUS IN PROFESSIONAL BOARDS (Indicate date and whether Board Eligible, Board Certified, or Board Extaken. Submit copy of ECFMG Certificate and Board Certificate and Board Certificate and Board Certificate and Board Cer	aminatio	on ha	s been		. Pi	rovide the ofessiona	names and addre	esses (past and present) and your policy numbers.	of all o	of your	
						_						
					-	_						
27.	EMPLOYMENT HISTORY											
	RECORD, include professional training positions not r including: (a) professional skills involved; (b) degree of public contact; and (f) extent of influence on policy.  TES EMPLOYED (MM/YYYY)	respons	sibility	; (c) cc	mple	exity		(d) extent of superv		l; (e) ex	tent of	
	From:/ To:/	LOCAT	ΓΙΟΝ									
EMI	PLOYER 'S / VERIFIER'S STREET ADDRESS	CITY (	Counti	ry)			STATE	ZIP (+4)	TELEPHONE NUM	1BER		
STF	REET ADDRESS OF JOB LOCATION	CITY (	Count	ry)			STATE	+ ZIP (+4)	TELEPHONE NUN	1BER		
								+_	( )			
	PERVISOR'S NAME & STREET ADDRESS (If different than Location)	CITY (	Counti	ry)			STATE	ZIP (+4)	TELEPHONE NUM	1BER		
AVE	RAGE NUMBER OF HOURS PER WEEK	KIND (	OF BU	ISINES	S OR	OR	 GANIZATIO	DN (e.g., education, h	nealth, social services, etc.)			
RE/	ASON FOR LEAVING OR WISHING TO LEAVE											
DES	SCRIPTION OF WORK (Describe your specific duties, respon	nsibilities	s, and	accom	olishn	nen	ts in this job	b. <i>)</i>				
_												
_												
_												
_												

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27. EMPLOYMENT HISTORY (Continued)						
DATES EMPLOYED (MM/YYYY)	EMPLOYER / VERIFIER NAME / MILITARY DUTY LOCATION  YOUR POSITION TITLE / MILITARY RA					
From:/ To:/						
EMPLOYER 'S / VERIFIER'S STREET ADDRESS	CITY (Country)	STATE	ZIP (+4)	TELEPHONE NUMBER		
	(====,					
STREET ADDRESS OF JOR LOCATION	CITY (Country)	STATE	+_ ZIP (+4)	TELEPHONE NUMBER		
STREET ADDRESS OF JOB LOCATION	CITY (Country)	STATE	ZIP (+4)			
			+_			
SUPERVISOR'S NAME & STREET ADDRESS (If different than Job Location)	CITY (Country)	STATE	ZIP (+4)	TELEPHONE NUMBER ( )		
AVERAGE NUMBER OF HOURS PER WEEK	KIND OF BUSINESS OR C	DRGANIZATIO				
REASON FOR LEAVING OR WISHING TO LEAVE						
DESCRIPTION OF WORK (Describe your specific duties, respo.	nsibilities, and accomplishme	ents in this jo	b.)			
	iolaniaco, and accompilation	mie in une je	~-,			
DATES EMPLOYED (MM/YYYY)	EMPLOYER / VERIFIER N	AME / MILITA	ARY DUTY	YOUR POSITION TITLE / MILITARY RANK		
From:/ To:/	LOCATION					
	OITV (Onwetter)	CTATE	710 (.4)	TELEBLIONE NUMBER		
EMPLOYER 'S / VERIFIER'S STREET ADDRESS	CITY (Country)	STATE	ZIP (+4)	TELEPHONE NUMBER		
			+_	( )		
STREET ADDRESS OF JOB LOCATION	CITY (Country)	STATE	ZIP (+4)	TELEPHONE NUMBER		
			+_	( )		
SUPERVISOR'S NAME & STREET ADDRESS (If different than	CITY (Country)	STATE	ZIP (+4)	TELEPHONE NUMBER		
Job Location)			_	( )		
AVERAGE NUMBER OF HOURS PER WEEK	KIND OF BUSINESS OR C	DRGANIZATIO	ON (e.g. education h	ealth social services etc.)		
AVERAGE NOMBER OF FIGURE 1 ER WEEK	KIND OF BOSINESS OR C	MOANIZATI	ON (e.g., education, ii	eaith, social services, etc.)		
REASON FOR LEAVING OR WISHING TO LEAVE	<u> </u>					
DESCRIPTION OF WORK (Describe your specific duties, response	nsibilities, and accomplishme	ents in this jo	b.)			

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Officers are required to serve in any area or climate or wherever the needs of the Public Health Service Commissioned Corps may require.  Do you have a preference for assignment to a particular program? YES NO If "Yes," which program? (e.g., Indian Health Service, Federal Bureau of Prisons, etc.)  GEOGRAPHIC AREAS IN WHICH YOU PREFER TO SERVE (e.g., Southwest U.S., Northeast U.S., name of State)		<b>FOREIGN LANGUAGE:</b> Do you have adequate colanguage and proficiency level. <b>1</b> = Elementary Pro			/ES
NONDEGREE RELATED TRAINING (e.g., computer skills, public speaking, leadership recognition, American Council of Learned Societies (ACLS) followship program, Basic Life Support (BLS), CardioPulmonary Reseascitation (CPR), Emergency Medical Services, etc.)  LIST CURRENT OR FORMER MEMBERSHIP IN PROFESSIONAL ASSOCIATIONS (Also indicate office(s) held and committee membership(s).)  9. TYPES OF ASSIGNMENTS IN WHICH YOU ARE INTERESTED  Officers are required to serve in any area or climate or wherever the needs of the Public Health Service Commissioned Corps may require.  Do you have a preference for assignment to a particular program? YES NO If "Yes," which program? (e.g., Indian Health Service, Federal Bureau of Prisons, etc.)  GEOGRAPHIC AREAS IN WHICH YOU PREFER TO SERVE (e.g., Southwest U.S., Northeast U.S., name of State)  O. SPACE FOR DETAILED ANSWERS  (indicate stem cumbers to which the answers apply. If more space is required, attach an 8 ½ x 11 inch sheet of paper. Write your name, present mailin address, and Social Socurity Number on each sheet.)  ATTENTION—THIS STATEMENT MUST BE SIGNED BY ALL APPLICANTS  Read the following paragraphs carefully before signing this Statement.  A late answer to any question in this Statement may be grounds for not appointing you, or for dismissing you after appointment, and may be punishable by fine or imprisonment (U.S. Code, Tite, 18, Section 1001). All the information you give will be considered in reviewing your application.  AUTHORITY FOR RELEASE OF INFORMATION  I have completed this Statement with the knowledge and understanding that any or all items contained herein may be subject to investigation prescribed by leave or Presidential directive and I consent to the release of information consenting my capacity and fitness by employees, educational institutions, but were offered ment of the release of comment for the jacent prefered in paced faith and without malice conneming my professional competence, ethics, character, and other qualifications for appointment in the Com		Language	Proficiency	Language	Proficiency
NONDEGREE RELATED TRAINING (e.g. computer skills, public speaking, leadership recognition. American Council of Learned Societies (ACLS) followship program, Basic Life Support (BLS). CardioPulmonary Resuscitation (CPR), Emergency Medical Survices, etc.)  LIST CURRENT OR FORMER MEMBERSHIP IN PROFESSIONAL ASSOCIATIONS (Also indicate office(s) heid and committee membership(s).)  9. TYPES OF ASSIGNMENTS IN WHICH YOU ARE INTERESTED  Officers are required to serve in any area or climate or wherever the needs of the Public Health Service Commissioned Corps may require.  Do you have a preference for assignment to a particular program? YES No If "Yes," which program? (e.g., Indian Health Service, Federal Bureau of Prisons, etc.)  GEOGRAPHIC AREAS IN WHICH YOU PREFER TO SERVE (e.g., Southwest U.S., Northeast U.S., name of State)  O. SPACE FOR DETAILED ANSWERS  In Continue to the Computer of State (e.g., Southwest U.S., Northeast U.S., name of State)  ATTENTION—THIS STATEMENT MUST BE SIGNED BY ALL APPLICANTS  Read the following paragraphs carefully before signing this Statement.  A false answer to any ousston in this Statement may be grounds for not appointing you, or for dismissing you after appointment, and may be punishable by fine or imprisonment (U.S. Code, Title, 18, Section 1001). All the information you give will be considered in reviewing your application in the committee of the Computer of the Complete of the Statement with the knowledge and understanding that any or all items contained herein may be subject to investigation prescribed by law or Presidential directive and I consent to the release for Infamiliar on consening my capacity and finese by employees, educational institutions, but or Freediental directive and I consent to the release for Infamiliar on consening my capacity and finese by employees, educational institutions, but or Freediental directive and I consent to the release for Infamiliar disrepasementative to the Federal Convenient to the state performed in good faith. I am willing to the statemen					
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99. TYPES OF ASSIGNMENTS IN WHICH YOU ARE INTERESTED Officers are required to serve in any area or climate or wherever the needs of the Public Health Service Commissioned Corps may require. Do you have a preference for assignment to a particular program? YES NO If "Yes," which program? (e.g., Indian Health Service, Federal Bureau of Prisons, etc.)  GEOGRAPHIC AREAS IN WHICH YOU PREFER TO SERVE (e.g., Southwest U.S., Northeast U.S., name of State)  GEOGRAPHIC AREAS IN WHICH YOU PREFER TO SERVE (e.g., Southwest U.S., Northeast U.S., name of State)  SPACE FOR DETAILED ANSWERS  (indicate item numbers to which the answers apply. If more space is required, attach an 8 ½ x 11 inch sheet of paper. Write your name, present mailin address, and Social Security Number on each sheet.)  A false answer to any question in this Statement may be grounds for not appointing you, or for dismissing you after appointment, and may be punishable by fine or imprisonment (U.S.Code, Title, 18, Section 1001). All the information you give will be considered in reviewing your application.  AUTHORITY FOR RELEASE OF INFORMATION  I have completed this Statement with the knowledge and understanding that any or all items contained herein may be subject to investigation prescribed by law or Presidential directive and I consent to the release of information concerning my capacity and finess by employers, educational institutions, law and offer outliness and concerning my capacity and finess by employers, educational institutions, that any offer information in the information to the performed in good faith and without mailce oncerning my professional competence, ethics, character, and other qualifications for appointment in the Commissioned Corps of the Pideite India Review.  CERTIFICATION  Levelly that all of the statements made by me are true, complete, and orner to the best of my knowledge and belief and are made in good faith. Lam willing to serve in any area or climate or wherever the needs of the Pideite I health Service.					
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